Overview of the Division of Long-Term Care 2014

The Division of Long-Term Care (LTC) oversees programs that serve low-income people who are elderly and/or live with disabilities and works to ensure their health, safety, and welfare. This includes developing policies and procedures; monitoring contracts and program operations; ensuring quality; offering provider and participant training; conducting special projects and preparing reports to the Governor and General Assembly.

The Long-Term Care Division employs 55 full and part time staff and includes three units that serve 63,647 Medicaid participants and many other individuals associated with their care. These units and their areas of responsibility are:

Aging Services

- Nursing facilities including specialized care
- Long-stay hospitals
- Elderly or Disabled with Consumer Direction (EDCD) Waiver
- Technology Assisted Waiver
- Program for All-Inclusive Services for the Elderly (PACE)
- Level of care (LOC) review
- Alzheimer's Assisted Living (AAL) Waiver
- Home health
- Hospice
- Out of state placement
- Durable medical equipment (DME)

Waiver Operations and Contracts

- Special projects
- Waiver application and renewals
- Division regulations
- Division policy manuals
- Money Follows the Person (MFP) Program
- Contract monitoring for fiscal/employer agent contractor for consumer-directed services
- Lead for division legislative issues and studies
- Rehabilitation Services

Data and Quality Management

- QMR data collection and analysis
- Quality Management Review (QMR)
    - Elderly or Disabled with Consumer Directed (EDCD) Waiver
    - Technology Assisted (Tech) Waiver
    - Intellectual Disabilities (ID) Waiver
    - Individual and Family Developmental Disabilities Supports (IFDDS) Waiver
    - Day Support (DS) Waiver
    - Alzheimer's Assisted Living Waiver

As shown in the table below, the division serves 40,758 people through its waiver programs, and another 22,889 in nursing facilities and other programs (63,647 individuals). Some individuals receive care coordination and management through MCOs.

PRIMARY SERVICES AND PARTICIPANTS

Services	Number of Participants*
Medical Services	
Nursing Facilities/ICF	20,056
PACE	1,223
MFP	181
Long-Stay Hospital	73
Hospice	1,068
Out of State Placement	23
Specialized Care	275
Total	22,889
Waivers	
EDCD Waiver	29,343
ID Waiver	9,913
DD Waiver	894
Tech Waiver	297
Day Support Waiver	259
Alzheimer's Waiver	52
Total	*40,758***

*LTC Flash Report updated September 2014
** 4,680 of these individuals are enrolled in managed care (Tech waiver excluded)

Ensuring Quality Services

The Division of LTC is responsible for quality management review (QMR) for all home- and community-based waivers. Staff performs random on-site reviews, in-home and desk reviews as well as investigating complaints. The reviews:

- Assure the health, safety, and welfare of individuals;
- Determine the appropriateness and quality of services provided to Medicaid waiver individuals;
- Monitor the provider's provision of services in accordance with state and federal regulations, policy, and procedures; and
- Offer assistance to the provider in the form of education and training in the implementation and interpretation of Medicaid policies and regulations.

The LTC Quality Improvement Team (QIT) consists of representatives from each unit within the division. The QIT developed performance measures for each of CMS' waiver assurances and meets quarterly to review compliance with each of the performance measures. When areas of deficiency are noted, the QIT reviews remediation steps taken and makes recommendations for additional process or systems changes when indicated.

Collaboration with Other Divisions and State Agencies
The Division of LTC works with many other divisions within DMAS on a day-to-day basis. Below are some examples of that work.

Division of Commonwealth Coordinated Care (CCC) – LTC is supporting the agency in its efforts to combine Medicare and Medicaid benefits in to one health plan under CCC.   Within the CCC, there are several health plans from which to choose, all aimed at reducing duplication of

services, better coordinating of care and reducing costs of those who are eligible for both programs. Under the CCC Program, the Medicare/Medicaid Plans receive a blended capitated rate to provide and coordinate the full continuum of benefits currently provided under Medicare and Medicaid program. This includes primary care, acute care, behavioral health services, nursing facility care, long-term support services through the Elderly or Disabled with Consumer Direction (EDCD) Waiver.

Fiscal Division – LTC staff assists this division in collecting overpayments, over-billings, or addresses other issues involving the retraction of reimbursement or money paid to a provider for services rendered.

Division of Program Integrity (PI) – LTC staff works with this division to provide information and training to new contractors that are performing reviews on LTC programs. Staff also interprets long-term care regulations when questions arise from the contractors or PI staff as part of provider reviews.

LTC works with PI on service authorization of LTC services provided by the contractor KEPRO. LTC staff work with the contract monitors in the PI division on interpretation of regulations, answering questions that may arise about LTC programs, and the yearly InterQual criteria review. The LTC and PI Divisions work with KEPRO staff on the development of review processes to be used, and train KEPRO staff on criteria.

The Divisions of LTC and PI meet with the Medicaid Fraud Control unit monthly to discuss concerns that any of the units have identified involving the care of participants. LTC refers cases to PI that are matters of billing erroneous codes and issues that are found in the review of providers that may be outside of the LTC arena.

Division of Appeals – LTC prepares summaries and provides the information needed for appeal cases. The Appeals Division assists LTC with reviewing the appeals sections of applications, draft requests for proposals, and provider manual revisions.

Division of Program Operations – These divisions work together on providing resolutions to questions or claims that providers or participants have about LTC services. LTC works with Program Operations to terminate provider agreements when necessary.

Division of Program Reimbursement - LTC works with this division to develop PACE capitation rates. Program Reimbursement has assisted LTC with the review of PACE grant applications and financial information.

Division of Policy and Research – The division routinely collaborates in promulgating regulations and coordinating provider manual revisions. LTC staff also work with this division on legislative issues and special projects, grant development and management.

The Division of LTC has frequent interaction with most of the agencies with the Health and Human Resources Secretariat as follows:

Virginia Department of Health (VDH) – The Division of LTC works with VDH when provider agreements are terminated and assist with the closure of a facility. The VDH Office of Licensure and Compliance reviews nursing facilities per guidance from the Centers for Medicare and Medicaid (CMS) guidelines. VDH forwards the results of the review to the Division of LTC. LTC works with OLC and, if providers do not return to compliance, then LTC will issue denial

for payment for new admissions and, as necessary, termination or closure letters. The Division of LTC works with VDH by providing technical assistance to the preadmission screening teams in the community, which include local department of health nursing and physician staff.   VDH is responsible for licensing home care organizations which provide personal care and respite services to individuals enrolled in home and community based waivers. LTC receives information regarding license terminations from VDH and assists with transfers to licensed providers as needed. LTC works with other areas of VDH to interpret policy as well.

Department of Rehabilitative Services (DARS) – The Division of LTC works with DARS to by providing answers to questions or policy interpretation to the preadmission screening teams in the community, which include social workers in the local department of social services. When Division staff identifies a concern in an assisted living facility during a QMR, they will notify DSS and work collaboratively to assure that the health and safety of the individuals in care are met. DMAS staff also act as mandated reporters for APS and CPS and notify DSS when situations of abuse, neglect, or exploitation are suspected.

Department of Social Services (DSS) -- When Division staff identifies a concern in an assisted living facility during a QMR, they will notify DSS and work collaboratively to assure that the health and safety of the individuals in care are met.

Department of Behavioral Health and Developmental Services (DBHDS) – The Division of LTC routinely collaborates with DBHDS on issues involving the administration of the ID, DD and Day Support Waivers. DBHDS provides the daily management of these three waivers, while the Division of LTC, through interagency agreement, administers regulatory and legislative changes, provider manuals, waiver applications and updates, and contact with CMS.

Current and Future Initiatives in LTC

The degree of chronic illness and disability among the elderly and individuals with disabilities is an important policy issue with major budget implications for the Commonwealth. The elderly and persons with disabilities make up 30 percent of the Medicaid population in the state, and account for 70 percent of the Medicaid costs, which now exceeds $8 billion annually. The challenge the division and the agency face, is how to constrain Medicaid costs without compromising care for a vulnerable population.

There are several initiatives underway to accomplish this objective. One is supporting the agency in the implementation of CCC, as mentioned previously. In addition, individuals with complex and acute care needs will be served under a new waiver as part of a joint project between the Divisions of Health Care Services and Long-Term Care Services. The Health and Acute Care Project or HAP, will enroll a projected 2,756 individuals in managed care who are currently receiving primary medical in fee-for-service (FFS) through the EDCD waiver into managed care starting December 2014. There are already 4,680 HCBS waiver individuals enrolled in managed care, which includes the EDCD, ID, DD, Day Support and Alzheimer's waivers. These members get their acute and primary medical care services through the MCO and their waiver services are carved out and paid for by fee-for-service. This program has the benefit of providing chronic care management and care coordination, where there is a patchwork of services now. The total number in this program will be 7,436, and will increase monthly.

LTC is also working to expand PACE to more communities in the coming year to at least two communities and is always looking for ways to better serve participants while providing the taxpayer with value for their contributions.